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APPLICANTS

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** CONTINUING DATA *****
None *AT*

** FOREIGN APPLICATIONS *****
None *AT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/05/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AT</i> <i>8/5/04</i> Examiner's Signature Initials	STATE OR COUNTRY ND	SHEETS DRAWING 3	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
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TITLE

High capacity sickle section

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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